

South Carolina  
**Office of the Lieutenant Governor**  
**Office on Aging**  
1301 Gervais Street  
Columbia, South Carolina 29201

March 23, 2006

**Memorandum**

To: Interested Organizations and Agencies in the State of South Carolina

From: Tony Kester  
Division of Contracts

Subject: Grant Application Request for the ElderCare Trust Fund

Thank you for your interest in grants made possible by the ElderCare Trust Fund Tax Check-Off. The Grant Application Request package is enclosed.

Please note that there will be a Pre-Application Workshop on Friday, June 9, 2006 in the Wilbur Smith Building at 1301 Gervais Street (corner of Gervais and Sumter Streets) in Columbia. Although attendance is not mandatory, applicants are encouraged to attend. Please contact Fran Brannon to register for the Pre-Application Workshop.

**Grant proposals are due no later than 4:00 p.m. on Wednesday, July 19, 2006.**

If you have any questions related to this initiative, the Workshop or if you would like directions to the Lt. Governor's Office on Aging, please contact Fran Brannon at (803) 734-9875 or [Brannon@aging.sc.gov](mailto:Brannon@aging.sc.gov). Our FAX number is (803) 734-9887. If you FAX your request, please put it to the attention of Fran Brannon.

Enclosure

**South Carolina ElderCare Trust Fund  
Grants for Innovative Programs for Older Adults**

**October 1, 2006 - September 30, 2007 Grant Awards  
2006 Time Table**

March 23, 2006	Issue Memo Announcing Funding Availability
March 23, 2006	Application Packets Available
June 2, 2006	Deadline to Register for Pre-application Workshop
June 7, 2006	Deadline for Submission of Written Questions
June 9, 2006	Pre-Application Workshop, 10:00 a.m. Lieutenant Governor's Office on Aging, 1301 Gervais Street, Suite 200, Columbia, SC (corner of Gervais and Sumter)
July 19, 2006	Deadline for Grant Application Submission - An original and nine copies due no later than 4:00 p.m.
July 19-21, 2006	Initial Screening of Applications
July 26, 2006	ECT Board Meeting at the Lieutenant Governor's Office on Aging - Review Teams Meet for Orientation & Receive Grant Applications
August 15, 2006	Review Teams Meet to Decide Grant Awards Lieutenant Governor's Office on Aging
September 15, 2006	Notification of Grant Awards Mail Grant Award Packages to Grantees
September 21, 2006	Grants Procedures Workshop for Grantees - Required
October 1, 2006	Grant Period Begins: October 1, 2006 to September 30, 2007
October 10, 2006	Signed Grant Agreements Due from Grantees

**STATE OF SOUTH CAROLINA  
LIEUTENANT GOVERNOR'S OFFICE ON AGING  
*South Carolina ElderCare Trust Fund*  
Grant Program For Innovative Services for Older Adults  
1301 Gervais Street  
Columbia, South Carolina 29201**

**SUBMITTAL DEADLINE:** July 19, 2006, 4:00 p.m. Eastern Daylight Savings Time

**GRANT APPLICATION REQUEST:** To develop and implement innovative programs and activities to assist older South Carolinians to live with dignity and vitality in their communities.

You are invited to submit grant proposals in accordance with the requirements described in this document. Grant proposal(s) must be received before, or no later than, 4:00 p.m. EDST, on Wednesday, July 19, 2006, by:

**MAIL: Ms. Eve Barth  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, S C 29201**

**-OR-**

**HAND DELIVERY: Before or no later than Wednesday, July 19, 2006, 4:00 P.M.**

**TO:  
Ms. Eve Barth  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, S C 29201  
(803) 734-9900**

Grant proposals will be accepted at any time before or no later than 4:00 p.m. on July 19, 2006. **NO FAXES WILL BE ACCEPTED. Each grant proposal must be signed by an official authorized to sign on behalf of the sponsoring organization.**

**Grants Are Made Possible by the ElderCare Trust Fund Tax Check-Off  
and contributions from the community.**

**This grant application request is being issued under S.C. Code § 43-21-160, -170 and -180.  
Hearing impaired individuals may call TDD telephone number: 1 (803) 929-2549**

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## PART I: GENERAL INFORMATION AND INSTRUCTIONS

### A. Purpose

The ElderCare Trust Fund was created by the Legislature in 1992 to be administered by the Lieutenant Governor's Office on Aging (§ 43-21-160 et seq.): ***"All monies received from a voluntary tax check-off contribution system (§ 12-6-5060) must be used to award grants to public and private nonprofit agencies and organizations to establish and administer innovative programs and activities that assist older South Carolinians to live with dignity and vitality in their communities."***

The Lieutenant Governor's Office on Aging recognizes that every community and its needs are different and the methodology chosen to address those needs is necessarily unique. Therefore, the Lieutenant Governor's Office on Aging will accept for consideration any community grant proposal that addresses the mission of the ElderCare Trust, as stated above.

### B. Eligibility

Applicants must show evidence of organizational capability to effectively manage the project. Applicants must be a public or private nonprofit organization. Special consideration will be given to communities that utilize a coalition or partnership of several agencies, groups or community organizations to establish an innovative program or activity that meets a community need. A maximum of **twenty-five (25) points** will be available for Grant Proposals which document such coalitions and partnerships. (See **Part IV, Evaluation Criteria.**)

### C. Lead Agency

Applicant community coalitions must designate one entity as the lead applicant organization to serve as the fiscal agent for the project. **The fiscal agent must be a public or private non-profit organization. 501(c)(3) or other documentation of nonprofit status must be attached.**

### D. Time Frame

Successful grantees may begin to incur costs related to the grant beginning in October 2006 after the grant agreement has been negotiated and ending on or before September 30, 2007.

The ElderCare Trust will consider funding projects for up to three (3) years. Applicants wishing to be considered for more than one year of funding must indicate that on the Grant Application Cover Sheet, include that information in their narrative and submit a separate Project Budget Summary Form for each year with their initial funding request. (A new applicant requesting three years of funding would submit three Project Budget Summary Forms when they submit their grant proposal.)

**E. Funding Restrictions**

Grants will not be awarded to fund capital projects, to replace lost funding, or to support currently operating programs. Funds from this grant shall not be used for land purchases; cost of building(s) or facilities; bad debts; cost of life insurance when the grantee is the beneficiary; late payment charges; contingency funds; contributions; entertainment; fines and penalties; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property or other capital, legal fees, equipment; or promotional expenses.

Funding for equipment may be allowable if is for an integral part of the proposed project. Such a request is subject to review and approval during the grant evaluation process. Promotional expenses which directly support dissemination of information about the ElderCare Trust Fund check-off or the proposed project may be allowable, but are also subject to review and approval during the grant evaluation process.

**F. Grant Proposal Constitutes Offer**

By submitting a *grant proposal*, the applicant agrees to be governed by the terms and conditions described in this document, except where subsequent amendments of any grant resulting from this *grant application request* are specifically agreed, by the parties in writing, to supersede any such provision of this *grant application request*.

**G. Amendments**

If it becomes necessary to revise any part of the *grant application request*, all amendments will be provided in writing to all applicants. Verbal comments or discussions relative to this solicitation cannot add, delete, or modify any written provision.

**H. Questions**

Every effort has been made to insure that all information needed by the applicant is included in this document. If an applicant finds that she cannot complete a *grant proposal* without additional information, she may submit questions, in writing only, to the person designated below, on or before June 7, 2006. No written questions will be accepted by the Lt. Governor's Office on Aging after this date. When a written question is found to already be sufficiently answered in the *grant application request*, that question will be returned to the applicant with a reference to the part of the *grant application request* containing the answer. All other written questions will be addressed in writing and responses will be distributed to all applicants and will be regarded as a part of this *grant application request*. Verbal questions will be addressed at the Pre-Application Workshop on June 9, 2006.

Address written questions to:

Ms. Eve Barth  
ElderCare Trust Fund  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, South Carolina 29201

**I. Award**

Grants shall be awarded to applicants whose *grant proposals* are determined to best meet the requirements and evaluation criteria described in this *grant application request*. However, the right is reserved to reject any and all *grant proposals* received, and in all cases, the Lieutenant Governor's Office on Aging will be the sole judge as to whether an applicant's *grant proposal* has or has not satisfactorily met the requirements of this *grant application request*. NOTE: NOT MEETING PERFORMANCE STANDARDS ON A PREVIOUS GRANT CAN CAUSE A GRANT PROPOSAL NOT TO BE FUNDED.

**J. Notice of Award**

Each applicant will be notified by letter after all *grant proposals* have been evaluated, and funding has been allocated.

**K. Discussion/Negotiation**

By submission of a *grant proposal*, the applicant agrees that during the period following issuance of the *grant application request* and prior to the final award of a grant, the applicant shall not discuss this *grant application request* with any employee or member of the ElderCare Trust Fund Board, except Ms. Eve Barth, Lieutenant Governor's Office on Aging.

**PART II: SPECIAL INSTRUCTIONS AND CONDITIONS****A. Receipt of Grant Proposal**

It is required that the *grant proposal* be received at the Lieutenant Governor's Office on Aging no later than July 19, 2006, at 4:00 p.m., either by mail or hand delivery.

Applicants mailing *grant proposals* should allow sufficient time for mail delivery. *Grant proposals* received after the deadline will not be considered. Faxes will not be accepted.

**B. Preparation of Grant Application**

Each applicant is to submit an original and nine (9) copies of the *grant proposal*, in one sealed package. Each copy of the *grant proposal* should be stapled or spring-clipped in a single volume, where practical, with all attachments and supporting documentation attached. *Grant proposals* should not have hard covers or be spiral bound.

*Grant proposals* should be prepared simply and clearly, providing a straightforward, concise description of the applicant's ability to satisfy the requirements of the *grant application request*. All *grant proposals* should be complete and must convey all of the information requested.

**C. Maintenance of Records**

The Grantee must maintain an accounting system with supporting fiscal records adequate to assure that claims for funds are in accordance with this Grant Agreement and all applicable laws, regulations, and policies. The Grantee further agrees to retain all financial and programmatic records, supporting documents, statistical records and other records of recipients relating to the delivery of care or service under the Grant Agreement, and as further required by the Lieutenant Governor's Office on Aging, for a period of three (3) years after the expiration of the Grant Agreement (including any amendments and/or extensions to the Grant Agreement). (A grantee receiving 3 years of funding must retain their records for three years after the end of the third year of funding.)

If any litigation, claim, or other actions involving the records have been initiated prior to the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the three (3) year period, whichever is later. This provision is also applicable to any subgrantee.

**D. Inspection of Records**

The Grantee shall make all program and financial records and service delivery sites open to the representatives of the Lieutenant Governor's Office on Aging, the State Auditor, the State Attorney General's Office, the Comptroller General, and/or any designees of the above as often as it is deemed necessary and for three years after the last payment under the Grant Agreement. The Lieutenant Governor's Office on Aging, the State Auditor's Office, the Office of the Attorney General, the Comptroller General, and/or the designees of any of the above shall have the right to examine and make copies, excerpts or transcripts from all records, contact and conduct private interviews with clients and employees, and do onsite reviews of all matters relating to service delivery as specified by this Grant Agreement. If any litigation, claim, or other action involving the records has been initiated prior to the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the three (3) year period, whichever is later.

**E. Political Activity**

The Grantee agrees that none of these funds provided under this Grant Agreement shall be used for any partisan political activity, or to further the election or defeat of any candidate for political office.

**F. Safety Precautions**

The Lieutenant Governor's Office on Aging assumes no responsibility with respect to accidents, illness, or claims arising out of any work undertaken with the assistance of funds paid under this Grant Agreement. The Grantee shall take necessary steps to insure or protect itself and its personnel. The Grantee agrees to comply with all applicable local, state, federal occupational and safety acts, rules, and regulations.



**G. No Obligation to Lieutenant Governor's Office on Aging**

Neither the Lieutenant Governor's Office on Aging nor any agent thereof on behalf of the Lieutenant Governor's Office on Aging will be obliged in any way by any applicant response to this *grant application request*.

**H. Right of Rejection**

The Lieutenant Governor's Office on Aging reserves the right to accept or reject any or all *grant proposals* received as a result of this *grant application request*, to negotiate with all qualified applicants, and to cancel, in part or in whole, this *grant application request* if it is in the best interest of the Lieutenant Governor's Office on Aging to do so.

**I. Option to Extend/Continuation of Funding**

This year, the ElderCare Trust will again consider funding projects for up to three (3) years. Applicants may request a second and third year of funding. If performance in the first year is satisfactory, the grant may be extended for a second year. If performance during the second year is satisfactory, the grant may be extended for a third year. **The decision to extend will be at the sole discretion of the Lieutenant Governor's Office on Aging and the ElderCare Trust Fund Board.**

**Year One** would be funded at 100% of the requested amount (not to exceed \$12,000); **Year Two** would be funded at 60 % of the amount requested for Year 1. **Year Three** would be funded at 30% of the amount requested for Year 1.

**The applicant must submit a Project Budget Summary Form for each year of requested funding, showing how non-grant funding will be obtained.**

**J. Reporting Requirements**

**Program** The grantee will be required to submit quarterly program reports. At the end of each funding year, the Grantee shall also submit an annual Program Report (See Annual Program Report Form). This report shall be submitted to the Lieutenant Governor's Office on Aging no later than sixty days from the end of each grant year.

**Fiscal** The grantee will be required to submit a fiscal report that includes all cost data, claims for reimbursement or other fiscal adjustments allowable under this grant. This report shall be submitted to the Lieutenant Governor's Office on Aging no later than sixty days from the end of each grant year.

**K. Grant Review**

Representatives from the ElderCare Trust Fund Board and the Lieutenant Governor's Office on Aging will make on-site visits to review the status of each project. No later than sixty (60) days before the end of the **Year One** grant period the decision to fund **Year Two** will be made. The same schedule will be followed for **Year Three**.

**L. Termination**

The parties agree that their liabilities and responsibilities shall be contingent upon the availability of funds, and that this agreement shall be terminated if such funding ceases to be available. This agreement may be canceled and terminated by either party at any time within the agreement period whenever it is determined by either party that the other has failed to comply with its obligations. Notification of termination will be sent by Certified Mail, return receipt requested.

**M. Grant Proposal Structure and Content**

The *grant proposal* must include the following sections:

**Grant Application Cover Sheet** Submit the completed cover sheet provided with this grant application.

**Grant Application** Submit the application provided.

**Budget and Project Budget Narrative** Using the Project Budget Summary Form, provide budget breakouts and sub-totals for the proposed project. In the budget narrative, provide a brief line-item justification for every entry. It is important that the budget summary form and the narrative provide a clear picture of how resources will be utilized to conduct the proposed project.

If equipment and/or furniture is included in the budget, detailed descriptions and justifications must be provided, indicating lack of availability. Applicants are encouraged to utilize existing and/or donated facilities and equipment and to demonstrate how community contributions of cash and/or in-kind contributions will support the project.

**Attachments** Attachments may consist of copies of cooperative agreements, pledges of resources, letters of support, lead applicant organizational 501(c)(3) status, and any other applicable and relevant documentation which supports and enhances the *grant proposal*.

**Proposal Checklist Review** See the Proposal Checklist Review provided with this grant application.

**N. Documents Required Of Selected Applicants**

Before grant negotiations are finalized, selected applicants may be required to provide the following information to the Lieutenant Governor's Office on Aging: (**This information is not to be submitted with your *grant proposal*.**)

- Federal I.D. Number
- Organizational Chart
- Properly completed W-9 IRS Tax Form
- Evidence of Signatory Authority
- Staff/Cost Allocation Plan
- List of Current Board Members of Governing Body
- Disclosure of Ownership Form
- Certification Regarding Debarment
- Minority Business Form
- Drug-Free Workplace Form
- Annual Report

**PART III: EVALUATION CRITERIA**

All Grant Proposals will be reviewed and assigned an overall score based on the criteria listed below. **Grant Proposals must be in the required format and be received by 4:00 p.m. on Wednesday, July 19, 2006, to qualify for review.**

<b><u>POINTS</u></b>	<b><u>CRITERIA</u></b>
----------------------	------------------------

- |    |  |
|----|--|
| 15 | <b><u>SPONSOR</u></b> Capability of sponsoring organization to address the needs of older people. Evidence of organizational capability of the sponsor to manage the project effectively.  |
| 15 | <b><u>RELATIONSHIP TO MISSION</u></b> Clear relationship of proposed project goals and objectives to the ElderCare Trust Fund mission, which is to “support innovative programs and activities that assist older South Carolinians to live with dignity and vitality in their communities.”                      |
| 15 | <b><u>COLLABORATION</u></b> Evidence of need for the service and of community support for the proposed project.  |
| 15 | <b><u>APPROACH</u></b> . Comprehensive approach which includes realistic plans for project development, implementation and operation throughout the life of the grant and beyond. Goals and objectives clearly reflect the identified community needs and are measurable.  |
| 15 | <b><u>SUSTAINABILITY</u></b> Evidence of sufficient planning to ensure that community collaboration meets the needs of older adults and will continue when funding is reduced and/or ends.   |
| 15 | <b><u>PUBLIC AWARENESS</u></b> . Comprehensive, creative project promotion and public awareness plan which meets the challenge of ensuring project impact over time and promoting community investment and ownership while promoting the ElderCare Trust Fund check-off and the ElderCare Trust Fund activities. |
| 10 | <b><u>BUDGET</u></b> Dollars requested should be reasonable, related to the scope of the proposed project and exemplify realistic resource planning. Documentation of cash and/or “in kind contributions” from the community will be considered as evidence of the use of community resources.                   |

When making funding decisions, the Lieutenant Governor’s Office on Aging, will consider communities that are geographically dispersed and socio-economically diverse. Special consideration will be given to communities that utilize a coalition or partnership of several agencies, groups or community organizations to establish an innovative project or activity that meets a community need. A maximum of **twenty-five (25) points** will be available for *grant proposals* which document such coalitions and partnerships.

# **SOUTH CAROLINA ELDERCARE TRUST FUND**

## **GRANT APPLICATION COVER SHEET**

Grant Period: **October 1, 2006 to September 30, 2007**

Funding Requested for \_\_\_\_ (1, 2, or 3) Years

Name of Sponsoring Organization \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(Should be the person to call if there are any questions regarding the proposal.)

Partner Organization(s):                      Name and phone number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Federal ID# \_\_\_\_\_ Grant Budget: \$ \_\_\_\_\_

Counties To Be Served: \_\_\_\_\_

Name and Title of Person with Signatory Authority:

\_\_\_\_\_  
(Name) (Title)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Form, South Carolina Eldercare Trust Fund, 2006-2007

Name of Sponsoring Organization: \_\_\_\_\_

## I. The Sponsoring Organization

- a. Brief statement of the sponsoring organization's activities:
- b. Statement of the capability of the sponsoring organization to serve older adults.
- c. Name and title of staff person who will be administratively responsible for the program:
- d. Name of proposed Program Coordinator, if known, and current title and responsibilities if that person is a staff member at the present time:

Application Form, ElderCare Trust Fund, 2006-2007

Name of Sponsoring Organization \_\_\_\_\_

**II. The Proposed Program**

- a. Description of the proposed project and objectives including: the problem or issue which the project will address; the target population (age, gender, racial/ethnic and other characteristics); special needs or concerns of the target population, such as transportation, varying levels of care needed, cultural issues; specific activities and services to be provided which will address the problem or issue.

Application Form, ElderCare Trust Fund, 2006- 2007

Name of Sponsoring Organization \_\_\_\_\_

a. Description (continued):

Application Form, ElderCare Trust Fund, 2006-2007

Name of Sponsoring Organization \_\_\_\_\_

- b. Plans for recruitment of staff and volunteers, if applicable.
  
  
  
  
  
  
  
  
  
  
- c. Paid staff and volunteer training capability and plan
  
  
  
  
  
  
  
  
  
  
- d. Current staff resources and services of the sponsoring organization that can be made available to the program:
  
  
  
  
  
  
  
  
  
  
- e. Describe site and space available for the proposed project, if applicable [including square footage of space for project, and equipment utilized].  
Is this site currently available for your use? Yes/No (If no, please explain)



## Application Form, ElderCare Trust Fund, 2006-2007

Name of Sponsoring Organization \_\_\_\_\_

- f. Explain how you will evaluate the success of the program if funded. (How will you measure the results of your project so you will know if you achieved your goals?)

### III. Sponsor and Community Resources

- a. Describe how the sponsor will collaborate with other organizations in the community. (Letters of Commitment describing, in detail, roles, responsibilities and resources contributed to the project should be included in the attachment section.)
- b. State why this program is needed in your community and why your agency should be selected.

Application Form, ElderCare Trust Fund, 2006-2007

Name of Sponsoring Organization \_\_\_\_\_

- c. Describe the plan for (a) promoting the project, and (b) promoting the ElderCare Trust Fund in order to gain community support for this and future projects.

**IV. Funding Information**

- a. Will there be a fee for this service? If so, describe the fee schedule and how the fees will be used.

- b. Indicate the plan for future funding and fund raising that will ensure continuity of the program for the second year and beyond.

Application Form, ElderCare Trust Fund, 2006-2007

Name of Sponsoring Organization \_\_\_\_\_

**PROJECT BUDGET SUMMARY FORM**  
GRANT YEAR OCTOBER 1, 2006 TO SEPTEMBER 30, 2007

<b>ELDERCARE TRUST GRANT REQUEST BUDGET SUMMARY</b>				
	<b>Grant Funds Requested</b>	<b>Community Resources Amount/Type</b>	<b>Source</b>	<b>Total</b>
<b>Personnel</b> _____ _____ _____ _____ _____ _____ _____ _____				
Benefits (At _____ %)				
Travel				
Transportation				
Equipment				
Supplies				
Contractual				
Evaluation				
Other (Please Specify) _____ _____ _____ _____ _____ _____				

**NOTE:**

Request for funds may not exceed \$12,000.

Application Form, ElderCare Trust Fund, 2006-2007

**Name of Sponsoring Organization** \_\_\_\_\_

### **PROJECT BUDGET NARRATIVE**

Please provide a brief explanation for each budget item. It is important that the Project Budget Summary Form and the Project Budget Narrative provide a clear picture of how resources will be utilized to conduct the proposed project.

Application Form, ElderCare Trust Fund, 2006-2007

Name of Sponsoring Organization \_\_\_\_\_

### **PROPOSAL CHECKLIST REVIEW FORM**

1. \_\_\_\_\_ Nine (9) copies plus the original delivered to the Lieutenant Governor's Office on Aging by 4:00 p.m. on Wednesday, July 19, 2006.
  
2. Each copy must contain the following:
  - \_\_\_\_\_ Completed Cover Sheet
  - \_\_\_\_\_ Completed application including the Project Budget Summary Form and the Project Budget Narrative
  
3. Attachments:
  - \_\_\_\_\_ 501(c)(3) or other documentation of nonprofit status
  - \_\_\_\_\_ Letters of Collaboration/Support/Commitment
  - \_\_\_\_\_ Job Description(s)
  - \_\_\_\_\_ Resumés
  - \_\_\_\_\_ Other \_\_\_\_\_

**ElderCare Trust Fund**

**ANNUAL PROGRAM REPORT FORM**

**Project Name:**

**Grantee Name:**

**Project Director Name:**

**Grant Period:**

**Executive Summary:** A brief description of the project, project highlights, project outcomes, self-assessment of the success of this project, whether it will continue after the grant funding, and its potential for replication.

**Project Goals:** (From your original Grant Proposal)

**Project Objectives:** (From your original Grant Proposal)

**Performance Measures:** Data which describe the performance of the project in achieving its goals and objectives. The type of data would vary depending on the type of project. For example, if the project is a home repair project, some relevant performance measures could be the number of homes repaired, the type and number of repairs, the number of people who live in the homes that were repaired, the number of volunteers who assisted in the repairs, the dollar value of donated materials, etc. If you are able to provide data on how the lives of the people served by the project were improved, that should be included, too.